

Special Report - Health Care - May 05, 2011

COHE prepares to expand here under new legislation

Pilot program becomes permanent; Spokane operation to add staff

By Treva Lind

Of the Journal of Business



Suzanne Heeren, claims assistant at Red Lion Hotels Corp., says injured employees return to work more quickly since the company began participating in the COHE program.

—Staff photo by Treva Lind

Suzanne Heeren, a Red Lion Hotels Corp. claims assistant, says a majority of the company's employees here return to work faster after job injuries because of an ability to track their cases through the Centers for Occupational Health and Education (COHE), a program started in 2003 as a pilot project here and in Renton, Wash.

Prior to COHE's system of health-services coordinators and real-time electronic case-tracking, Heeren says she'd sometimes see a delay of two weeks or more before getting notice of a worker's compensation case. Today, for Red Lion employees in the state who use COHE providers, she gets e-mail notices "sometimes right when they're in the doctor's office," Heeren says, and she can help them return right away to light duty or a transitional job based on a physician's input.

Now, based on Senate Bill 5081 that Gov. Chris Gregoire signed into law mid-March, COHE will expand to become a statewide program, and the Eastern Washington operation will add staff,

COHE leaders say.

This is welcome news, from Heeren's perspective.

"The COHE system helps everyone stay on the same track—the employer, the worker, the provider, and L&I (state Department of Labor & Industries)," says Heeren, who also is a board member for the Spokane-based Eastern Washington COHE.

Although Red Lion doesn't disclose the number of claims among its employees, she says about 90 percent of its cases in the state go through COHE providers, and "it saves money because you get advanced notice, so you can get workers back to work earlier." Red Lion Hotels, which includes TicketsWest, employs about 1,300 people in Washington.

The new law directs L&I to create a statewide health-care provider network for injured workers, as well as to expand access to COHE, which streamlines administration of workers' compensation claims. The underlying goal of the program, and the legislation, is to get injured workers healthy and back to work safely as soon as possible, says Daniel Hansen, Eastern Washington COHE program director.

The Eastern Washington COHE is sponsored by St. Luke's Rehabilitation Institute in collaboration with L&I, the state's workers' compensation insurance provider. The program's electronic case-tracking system was developed by Spokane-based Inland Northwest Health Services, which operates St. Luke's.

"What the bill does is it essentially codifies that the experiment of the pilot project was hugely successful and worthy to make COHE go statewide," Hansen says. "COHE is now a policy in the state of Washington, so you're going to see in that language they want to add a couple more COHE centers," in addition to established ones here and in Renton, Seattle, and Everett.

With the program expansion, Eastern Washington COHE will hire three full-time health-services coordinators after July 1 to add to four existing regional coordinators, Hansen says. Three of the current coordinators are in Spokane and the fourth started operating out of Yakima a year ago. Among the three new hires, two will be based in Spokane and one will be located in a new office planned for Wenatchee, adds Hansen.

Health-services coordinators help with case management, provide employer and health-care provider training in handling workers' compensation cases, and help to resolve conflicts between providers, employers, employees, and L&I.

New changes also will allow COHE to follow a claim for a longer period, says Hansen. Before, health-services coordinators followed a claim for only the first 12 weeks, he says, in part because of a University of Washington formal evaluation that's

now completed. Going forward, COHE staff will be involved until a worker returns to work, up to a year or the life of a claim, he says.

The Eastern Washington COHE, operating out of a 1,000-square-foot space on the second floor of the Wells Fargo Financial Center at 601 W. First, now serves 16 counties and processes more than 1,500 new claims a month.

Hansen says a goal of the legislation is to give 50 percent of Washington's workforce access to COHE after 2013, and for the state's entire work force to have access to it by December 2015. Currently, with the four COHE centers, the state reaches about 30 percent of injured workers filing claims through L&I, Hansen says. However, the Eastern Washington center serves about 65 percent of injured workers filing such claims in its regional service area, he adds.

Expanding Eastern Washington COHE services into Tri-Cities is a top priority with the new focus, says Hansen, but he described that as a "wish list" item needing to go before L&I in about a year.

Another major change with the legislation is how the program will be funded, Hansen says. The Eastern Washington COHE operates under a biennial budget of \$1.2 million funded through June 2011, under a pilot project contract based on a ceiling of about 500 providers for Eastern Washington, Hansen says. In reality, Eastern Washington COHE works with more than 1,000 participating providers, as well as 25 hospitals and 700 employers, he adds.

"With the change, now we're going to be paid not on the number of doctors, but on the number of claims initiated by the participating COHE providers," Hansen says. Those funds covering the cost of the program will come from L&I insurance premiums, paid evenly by employees and employers, he adds. "More importantly is that it's charged to that claim," he says. "Every claim touched by COHE had a savings of about \$400 per claim."

The upcoming COHE budget being worked on with L&I is still in preliminary stages and not formalized, he says.

A study conducted by the University of Washington found that injured workers receiving care through COHE providers received benefits faster and lost fewer work days than non-COHE patients. First-year disability and medical costs for COHE patients were reduced an average of nearly \$600 per claim, compared with non-COHE patients, the study showed.

Providers receive financial incentives to participate in the project and use COHE case-management practices. They earn \$22 from L&I for every claim they enter into the case-tracking system within two days after treating an injured worker. They also receive \$19 to \$56 for contacting employers to coordinate return-to-work plans. In addition, providers can earn \$48 above the standard allowed office charge for follow-up visits with injured workers at two-week intervals.

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